

<b>POLICY AND PROCEDURE MANUAL BUREAU OF DEVELOPMENTAL DISABILITIES SERVICES</b>		
<b>SUBJECT: Incident Reporting</b>		<b>CHAPTER:</b>
<b>SUBJECT NUMBER:</b>		<b>CHAPTER NUMBER:</b>
<b>APPLICATION:</b> <u>  X  </u> Field Service Offices <u>    </u> Ft. Wayne State Developmental Center <u>    </u> Muscatatuck State Developmental Center		
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**I.      POLICY/PURPOSE STATEMENT**

It is the policy of the Bureau of Developmental Disabilities Services to ensure the health and safety of all individuals with developmental disabilities receiving vocational/habilitation services, community based services or other types of residential services. Reportable incidents to the Bureau of Developmental Disabilities Services are any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.

**II.     STANDARDS**

Not Applicable

**III.    DEFINITION**

- a) “Bureau of Developmental Disabilities Services” - The entity established in IC 12-11-1.1-1 to plan, coordinate, and administer the provision of individualized, integrated, community based services for individuals with a developmental disability and their families, within the limits of resources.
- b) “Bureau of Developmental Disabilities Services’ Staff” – Any individual employed by the Bureau of Developmental Disabilities Services.
- c) “Case manager” - The certified and approved individual chosen by the individual and/or family to coordinate the individual's services.
- d) “Center on Outcome Analysis (COA)” – The contracted entity to provide quality of life reviews with individuals transitioning from large private and public intermediate care facilities for the mentally retarded.
- e) “Community based services” - Services that simulate, to the extent feasible, patterns and conditions of everyday life that are as close as possible to normal as described in IC 12-11-1.1-1 (6) (e).
- f) “Day services” - Vocational, pre-vocational, employment, habilitation, and other services not provided in the individual’s residence.
- g) “Endangered adult” - Set forth in IC 12-10-3-2.



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**RESPONSIBLE  
STAFF/PERSON**

- C. COA reviewers
- D. QIP reviewers
- E. Direct service providers
- F. QIS reviewers

**ACTIONS**

- of the review in the individual's record.
- III. Any events or occurrences characterized by risk or uncertainly, resulting in or having the potential to result in significant harm or injury to an individual or death of an individual are to be reported using the BDDS Incident Report form. (See Exhibit 2 for the BDDS Incident Report form and instructions.)
- IV. Within 24 hours all initial incident reports and follow up reports are sent to:
  - A. The BDDS District Office; and
  - B. The BDDS Central Office.
- V. As applicable, within 24 hours all initial incident reports and follow-up reports are sent to:
  - A. Adult Protective Services/Child Protective Services;
  - B. Any legal guardian;
  - C. The service provider;
  - D. The case manager; and
  - E. The AAA Administrative Case Manager
- VI. Residential and vocational/habilitation service providers are responsible for needed follow-up on any Incident Report that they initiate.
- VII. The selected Case Manager is responsible for needed follow-up on any reported incident, not covered by VI above, when the individual is receiving Medicaid waiver funded services.
- VIII. The BDDS Service Coordinator is responsible for needed follow-up on any reported incident, not covered by VI above, when the individual is not receiving Medicaid waiver funded services.
- IX. The Incident will be tracked at the BDDS Central Office level.

Anyone with direct monitoring responsibilities including, but not limited to the following individuals:

- A. Case Managers
- B. BDDS Staff
- C. COA reviewers

**Incident Report Form – Health and Safety of the Individual**

- I. A decision is made by the reporter of the incident, based upon their professional judgement, as to whether the individual can remain in the home.
  - A. In the event that the individual can continue to reside in the home:
    - 1. The reporter or supervisor of the reporter of the

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- incident notifies the BDDS District Office and others as required.
  2. The party responsible for follow-up must contact the Director of the provider agency, and others as needed, in order to discuss the identified issue and to direct the provider to develop a plan to address the issue or concern within two days.
  3. The party responsible for follow-up completes an on-site review within seven days to determine if the incident has been resolved.
  4. If the incident is resolved and no further issues are identified, then the party responsible for follow-up completes the Follow-up BDDS Incident Report form and completes required documentation in the individual's case record.
  5. All follow-up reports are sent in accordance with Identification of a Reportable Incident IV and V.
  6. If the incident is not resolved within seven (7) days, then the party responsible for follow-up initiates the Sanction Process (below), and completes the Follow-up BDDS Incident Report form and required documentation in the individual's case record.
  7. The Follow-up BDDS Incident Report form is sent in accordance with Identification of a Reportable Incident IV and V
- B. In the event that the individual can not continue to reside in the home:
1. The party responsible for follow-up must contact APS/CPS.
  2. The party responsible for follow-up must notify, as applicable, the individual's family/guardian, their supervisor, the BDDS local office and the BDDS Central Office, in order to develop a plan to relocate the individual who can no longer reside in the residence or to find an alternative provider of services.
  3. The Follow-up BDDS Incident Report form is

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Anyone with direct monitoring responsibilities including, but not limited to the following individuals:	<b><u>Sanction Process</u></b> The sanction process is limited to the following issue or concern: reside in an environment
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- I. The sanction process begins when there is no remediation of the issue or concern. In this situation the individual continues to reside in an environment that is not healthy or safe and corrective actions have failed to remedy the situation.
- II. The party responsible for follow-up forwards recommendations for sanctions to the appropriate BDDS District Manager and Director of Field Services.
- III. The BDDS Director of Field Services and, as applicable, the DDARS Administrator of the Medicaid Waiver, works with appropriate entities of the Division of Disability, Aging and Rehabilitative Services and the Family and Social Services Administration in formalizing appropriate sanction actions.
- IV. The provider has the option to pursue applicable appeal procedures.
- V. The BDDS Director of Field Services or the DDARS Administrator of the Medicaid Waiver will make a decision to determine if the provider has been cooperative or not.
  - A. In the event that sanctions have been effective:
    1. The party responsible for follow-up conducts a follow-up monitoring visit within 30 days.
    2. The party responsible for follow-up determines if any new reportable issues/concerns are identified. If so, an Incident Report is completed in accordance with Identification of a Reportable Incident.
    3. If no new issues are identified, then the party responsible for follow-up completes the Follow-up BDDS Incident Report form in accordance with Identification of a Reportable Incident IV and V and completes the required documentation in the individual's case record.



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**RESPONSIBLE**  
**STAFF/PERSON**

**ACTIONS**

letters to be sent to reporters, when follow-up is needed to resolve an incident.

- VII. The designated BDDS staff refers all incident reports relating to the death of an individual to the Mortality Review Committee – see policy and procedure for the Mortality Review Committee.

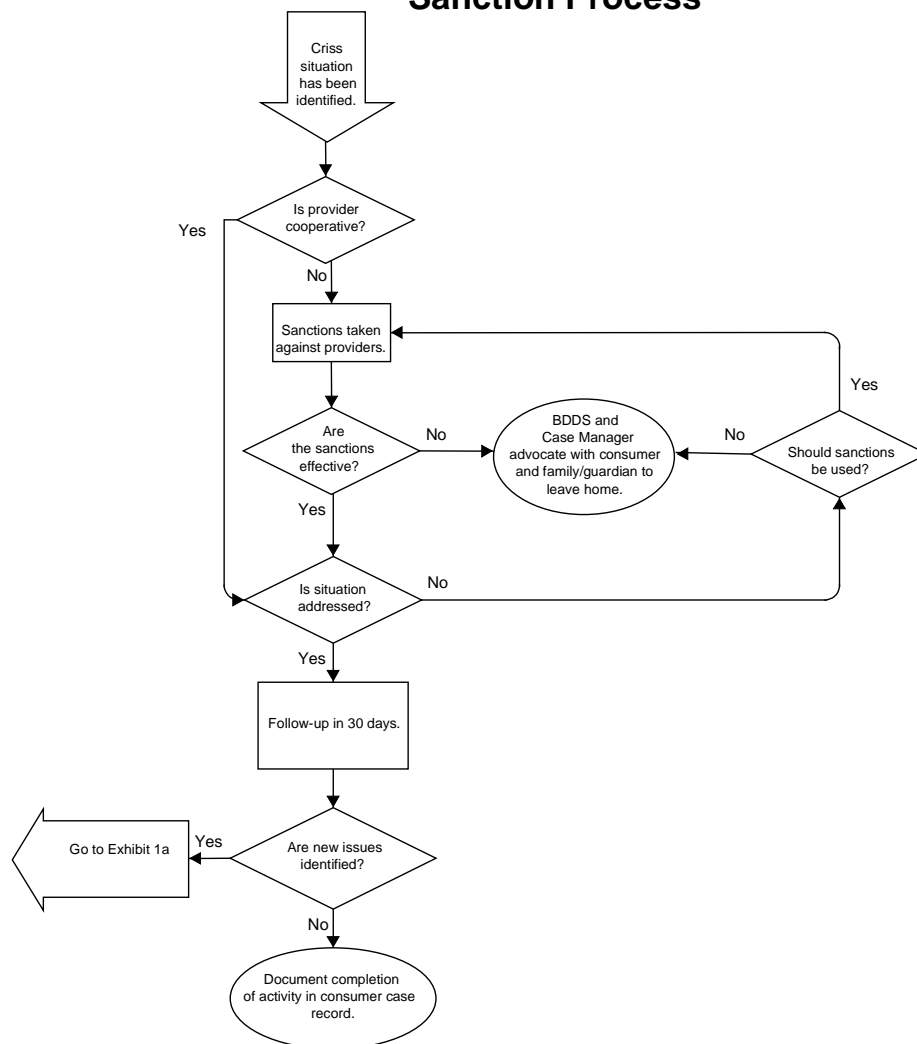




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**EXHIBIT 1b**

## Sanction Process



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## **EXHIBIT 2**

### **INSTRUCTIONS FOR COMPLETION OF THE BDDS INCIDENT REPORT**

#### **PURPOSE**

To establish a mechanism for the reporting of any event or occurrence characterized by risk or uncertainty, resulting in or having the potential to result in significant harm or injury to an individual with a developmental disability or death of an individual.

#### **FORMS**

##### **INCIDENT REPORT**

This form is used to report any reportable incident. The narrative information is to provide an overview of the circumstances leading to the incident, the incident itself and any awareness of related activities following the incident. The narrative information is to be comprehensive and should answer the questions of "who, what, where, when, why and how".

##### **FOLLOW-UP BDDS INCIDENT**

This form is used by the party responsible for follow-up to follow and resolve the reported incident.

#### **TIMELINES**

Incident Report forms are to be completed within 24 hours of the occurrence being identified. Follow-up reports are to be submitted within 7 days.

#### **TRANSMITTAL**

All Incident Reports and Follow-up reports are to be faxed to the Bureau of Developmental Disabilities Services at (317) 233-2320. Incident Reports and Follow-up reports may also be e-mailed to [BDDSIincidentReports@fssa.state.in.us](mailto:BDDSIincidentReports@fssa.state.in.us).

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## **REPORTABLE INCIDENTS**

Reportable incidents are any event or occurrence characterized by risk or uncertainty resulting in or having the potential to result in significant harm or injury to an individual or death of an individual. Incidents may include the following:

- 1) Incidents of suspected abuse or neglect of an adult or child who is residing in a community residential setting. **All incidents falling in this category must also be reported to Adult Protective Services or Child Protective Services.**
  - a) Physical, sexual, verbal or mental abuse
    - i) physical – includes willful infliction of injury, unnecessary physical or chemical restraints or isolation, and punishment with resulting physical harm or pain
    - ii) sexual - includes all allegations of rape, sexual misconduct, or sexual exploitation
    - iii) verbal – includes oral, written, and/or gestured language that includes disparaging and derogatory remarks to consumers
    - iv) mental - includes unreasonable confinement or intimidation
  - b) Neglect – includes failure to provide appropriate care, food, medical care or supervision
- 2) Exploitation. **All incidents falling in this category must also be reported to Adult Protective Services or Child Protective Services.**
  - a) Financial – any deliberate misplacement, exploitation, or wrongful temporary or permanent use of a individual's belongings or money.
  - b) Any other type of exploitation, including but not limited to sexual exploitation.
- 3) Death of an individual. **All deaths must also be reported to Adult Protective Services or Child Protective Services.**
- 4) A residence that compromises the health and safety of an individual due to a significant interruption of a major utility, such as electricity, heat, water, air conditioning, plumbing, fire alarm or sprinkler system.
- 5) Environmental/structural problems associated with a habitable residence that compromise the health and safety of an individual, including inappropriate sanitation, serious lack of cleanliness, rodents, structural damage, or damage caused by flooding, tornadoes or other acts of nature.
- 6) Residential fire resulting in relocation, personal injury, property loss or other issues.
- 7) Missing persons
- 8) Any suspected criminal activity by staff members or individuals, including but not limited to theft, illegal drug use, and arson.

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- 9) Any medical or psychiatric treatments/services (including emergency room visits) that resulted from events that had a potential for causing significant harm or injury or that require medical follow-up.
- 10) Admission to a nursing facility, including respite stays.
- 11) Injuries of unknown origin.
- 12) Significant injuries including but not limited to:
  - a) Injuries incurred while individual was restrained
  - b) Fractures
  - c) Burns greater than first degree
  - d) Choking
  - e) Large areas of contusions or lacerations
- 13) Medication errors. *Note: refusal to take medications does not constitute an error and does not require filing of an incident report but should be followed up by medical personnel and the interdisciplinary team to ensure that the health and safety of the individual is safeguarded. This information should also be documented in the individual's record.*
  - a) Wrong medication given that places an individual's health and safety in jeopardy as determined by the personal physician.
  - b) Wrong dose given that place the individual's health and safety in jeopardy as determined by the personal physician.
  - c) Missed medication that places the individual's health and safety in jeopardy as determined by the personal physician.
  - d) Medication given outside the prescribed administrative window that jeopardizes an individual's health and safety as determined by the personal physician.
- 14) Inadequate staff support **resulting in or having the potential to result in significant harm or injury to an individual or death of an individual.** This includes inadequate supervision by staff, even when staffing levels are appropriate.
- 15) Inadequate medical support, including but not limited to failure to obtain needed follow up medical appointments, failure to obtain routine or special dental or physician appointments, or failure to obtain medication refills in a timely manner.



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## Section II - Associated Person (Subject #2)

This area provides information specific to the person who may have abused, neglected or exploited the person identified in the Section I, above.

<b>SSN</b>	Enter the Social Security number of the person ( <i>optional</i> )
<b>NAME</b>	Enter the last and first name of the person
<b>ADDRESS</b>	Enter the address, city, state and zip code where the person resides
<b>DOB</b>	Enter the date of birth of the person
<b>EMPLOYER</b>	Enter the name of the person's employer
<b>GENDER</b>	Indicate (check the appropriate box) whether the person is a male or female
<b>RELATIONSHIP TO SUBJECT</b>	Indicate the type of relationship that the person has with the individual identified in the Section I, above <ul style="list-style-type: none"> <li>• Acquaintance</li> <li>• Client, other</li> <li>• Co-worker</li> <li>• Employer</li> <li>• Family-Guardian</li> <li>• Housemate</li> <li>• Neighbor</li> <li>• Staff, Hab./Voc.</li> <li>• Staff, residential</li> <li>• Stranger</li> <li>• Other</li> </ul>

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### Section III - Reporting Person –Reporting Agency

This section identifies the person who is reporting the incident and the agency for which the person works, as applicable.

<b>NAME</b>	Enter the last and first name of the person
<b>POSITION</b>	Indicate the position of the person completing the form e.g. case manager, Service Coordinator, direct care staff, Residential Director, etc.
<b>PHONE NUMBER</b>	Enter the phone number and extension of the person completing the form.
<b>DATE OF REPORT</b>	Enter the date that the report is being made.
<b>REPORTING AGENCY</b>	Identify the agency employing the person completing the form has, as applicable. If the person is self-employed, enter “self”.
<b>E-MAIL</b>	Enter the e-mail address of the person completing the form.
<b>INDIVIDUAL SUPERVISING AT TIME</b>	Enter the name of the individual who was responsible for supervision at the time of the incident.
<b>RESPONSIBLE SUP. PROVIDER</b>	Enter the name of the provider who was responsible for supervision at the time of the incident.

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### Section IV - Incident Information

This section describes the date of the incident, severity, and location where the incident occurred and who was sent a copy of the Incident Report.

<b>INCIDENT</b>	Identify the date and time of the reported incident.
<b>SEVERITY</b>	Indicate (check the appropriate box) the suspected severity of the incident.
<b>WHERE INCIDENT OCCURRED</b>	Identify where the incident occurred: <ul style="list-style-type: none"> <li>• In the community</li> <li>• At a job in the community</li> <li>• While receiving habilitation services in the community</li> <li>• While receiving habilitation services in facility based operation</li> <li>• At a sheltered workshop</li> <li>• At the individual's own home</li> <li>• At the home of the individual's family</li> <li>• SGL                      - Supervised Group Living</li> <li>• SDC                      - State Developmental Center</li> <li>• HHA                     - Householder for Adults</li> <li>• HHC                     - Householder for Children</li> <li>• NF                        - Nursing Facility</li> <li>• Hospital</li> <li>• LP-ICF/MR             - Large Private Intermediate Care Facility for the Mentally Retarded</li> <li>• Other                    - Identify/explain what this is</li> <li>• School</li> </ul>
<b>AGENCIES AND INDIVIDUALS INFORMED</b>	The person completing the report assures that the report is sent to other individuals/agencies: <ul style="list-style-type: none"> <li>• APS/CPS - see applicable policy and procedure for when it is legally mandated that a copy of the incident be shared with APS/CPS.</li> <li>• Legal Guardian – any legal guardian of the individual identified in the Section I must be notified of any incident report completed. The name of the individual who was sent the report must be identified.</li> <li>• Residential Provider – the residential provider should receive a copy of any incident report.</li> <li>• BDDS Service Coordinator – it is required that the BDDS District Office receive a copy of the incident report. The name of the individual to whom the report was sent must be identified.</li> <li>• Habilitation/Vocational Provider – the residential provider should receive a copy of any incident report.</li> <li>• Case Manager – the waiver Case Manager for any individual identified in Section I must receive a copy of the incident report. The name of the individual to whom the report was sent must be identified.</li> <li>• AAA Administrative Case Manager – it is required that the AAA Administrative Case Manger receive a copy of any incident report</li> </ul>



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	completed on behalf of an individual receiving waiver services.
<b><i>INDICATES WHO COMPLETES THE FOLLOW-UP</i></b>	<ul style="list-style-type: none"> <li>• Enter whether 7-day follow up is needed.</li> <li>• Enter the party responsible to complete needed follow-up</li> <li>• If all action has been completed at the time of the initial incident report, enter the date that all action was completed.</li> </ul>

Note: BDDS Central Office staff will complete the information at the bottom left-hand of the page, as indicated.

### **NARRATIVE FOR THE INCIDENT REPORT**

The narrative is completed by the reporting person and is to be a comprehensive explanation of the incident that occurred by identifying “who, what, where, when, why, and how” of the incident. The date of the incident and the name of the affected individual are entered at the bottom of the page.

#### **Section V – Codes for Incident Reporting**

The BDDS Central Office staff completes this section.

#### **Section VI – Codes for Incident Reporting – Medical General Information**

The BDDS Central Office staff completes this section.

### **FOLLOW-UP BDDS INCIDENT REPORT FORM**

The party responsible for follow-up uses this form. The narrative follow-up information is to be comprehensive and descriptive of the actions taken to resolve the reported incident

A copy of this form is provided to the BDDS district and central offices and as applicable, the provider(s), the Waiver Case Manager, APS/CPS, the AAA Administrative Case Manager and the legal guardian.

This report is signed and indicates the reporting agency name, as applicable. The date of the initial Incident Report, the individual’s name and social security number are included in the areas indicated.